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|  | APPLICATION NUMBER  | FILING/RECEIPT DATE FIRST N  |  | FIRST NAMED APPLICANT   | : ATTORNE  | ATTORNEY DOCKET NO /TITLE   |  |
|--|---|--|--|---|--|---|--|
|  | 09/450,649  | 11/30/99   | KATO   |   | А  | 0020-4633P  |  |
|  | P 0 BOX 747   | 0262/0106<br>RT KOLASCH & BIRCH LLP  |  |   | NOT ASSIGNED   |   |  |
|  | FALLS CHURCH  | VA 22040-0   | 747  | •   | 3711   |   |  |
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| given Toid aba<br>CFR 1:<br>a sma        | WO MONTHS FROM TH<br>indonment. Extensions of<br>136(a). <b>If any of items 1</b>   | IE DATE OF THIS Not time may be obtain or 3 through 5 are in with 37 CFR 1.27, o | OTICE within we ned by filing a particular missing a particular missing a missing and the missing and the missing and the missing are missing at the missing and the missing are missing at the missing a | cation. The items indicated be<br>which to file all required items<br>etition accompanied by the e<br>ssing, the SURCHARGE set<br>or a non-small entity, must | and pay any fe<br>extension fee u<br>forth in 37 CFI | ees required below to<br>nder the provisions of<br>R 1.16(e) of $\square$ \$65.00 |  |
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| <u> </u>                                 | •   | •  | l claims over 2  | 0.  |  |   |  |
| \$                                       | for   | inde   | pendent claim  | s over 3.   |  |   |  |
|  |   | ultiple dependent cl<br>omit the additional c                                    |  | ancel additional claims for w   | hich fees are  | due.  |  |
| Arthe                                    | Is missing or unsigned<br>does not cover the new<br>oath or declaration in de<br>e above Application Nur  | wly submitted items<br>compliance with 37<br>mber and Filing Dat                 | CFR 1. 63, inc<br>e is required.   | luding residence information  |  | •   |  |
| A  | 43 or 1.47.<br>properly signed oath or<br>oplication Number and F   |  |  | CFR 1.63, identifying the a   | pplication by t                                      | he above  |  |
| •  | •   | •  |  | n the oath or declaration:  |  |   |  |
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| 6. <b>A</b> \$ 7. You                    | 50.00 processing fee i<br>ur filing receipt was mail  | ls required since y<br>led in error because                                      | our check wa<br>your check w   | s returned without paymer as returned without paymer  | ent (37 CFR 1.                                       | 21(m)).   |  |
| Ap                                       |   | ed English translati   | on of the applic   | cation, the \$130.00 set forth<br>s accurate (37 CFR 1.52(d)  |  | 17(k), unless   |  |

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